

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/019432

FILING DATE 03/05/2001

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	14	4				
TOTAL DER.	14	29				
TOTAL CLAIMS	14	33				

	*		*		*	
	IND.	DER.	IND.	DER.	IND.	DER.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DER.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/019432

FILING DATE

Parsipat Specialist
(703) 305-6421

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	2					
8	2					
9	2					
10	2					
11	2					
12	2					
13	2					
14	2					
15	2					
16	2					
17	2					
18	2					
19	2					
20	2					
21	2					
22	2					
23	2					
24	2					
25	2					
26	2					
27	2					
28	2					
29	2					
30	2					
31	2					
32	2					
33	2					
34	2					
35	2					
36	2					
37	2					
38	2					
39	2					
40	2					
41	2					
42	2					
43	2					
44	2					
45	2					
46	2					
47	2					
48	2					
49	2					
50	2					
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	↓		↓		↓	
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	2					
52	2					
53	2					
54	2					
55	2					
56	2					
57	2					
58	2					
59	2					
60	2					
61	2					
62	2					
63	2					
64	2					
65	2					
66	2					
67	2					
68	2					
69	2					
70	2					
71	2					
72	2					
73	2					
74	2					
75	2					
76	2					
77	2					
78	2					
79	2					
80	2					
81	2					
82	2					
83	2					
84	2					
85	2					
86	2					
87	2					
88	2					
89	2					
90	2					
91	2					
92	2					
93	2					
94	2					
95	2					
96	2					
97	2					
98	2					
99	2					
100	2					
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	↓		↓		↓	
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS